#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CFO

SIGNATURE: MICHAEL LESTER

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title	MGR	Title	MGR	
Name	GOEDHEID, DENNIS	Name	LESTER, MICHAEL A	
Address	PO BOX 22414	Address	PO BOX 22414	
City-State-Zip:	ORLANDO FL 32830	City-State-Zip:	ORLANDO FL 32830	

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000015677

Entity Name: CASIOLA FRANCHISE LLC

#### **Current Principal Place of Business:**

6751 FORUM DR STE 230 ORLANDO, FL 32821

#### **Current Mailing Address:**

PO BOX 22414 ORLANDO, FL 32830

### FEI Number: 92-1833356

#### Name and Address of Current Registered Agent:

CASIOLA LLC 6751 FORUM DR STE 230 ORLANDO, FL 32821 US

SIGNATURE:

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# Electronic Signature of Registered Agent

Title	MGR	Title	MGR
Name	GOEDHEID, DENNIS	Name	LESTER, MICHAEL A
Address	PO BOX 22414	Address	PO BOX 22414
City-State-Zip:	ORLANDO FL 32830	City-State-Zip:	ORLANDO FL 32830

FILED Jan 29, 2024 Secretary of State 3489788497CC

01/29/2024

Date